SECTION I:	IDENTIF	ICATION
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1. State/Territory Name: <u>SOUTH DAKOTA</u>
2. Federal Fiscal Year Reporting: Oct. 1, 2005 through Sept. 30, 2006
3. Contact person regarding PPR information: Arlene Poncelet
4. Contact person's phone number: 605-773-6369
5. Name of Executive Director: Arlene Poncelet
6. Name of Chairperson: <u>David Nissen</u>
7. Council Address: Hillsview Plaza, c/o 500 E Capitol, Pierre, SD 57501
8. Council Phone Number: <u>605-773-6369</u>
9. Council FAX Number: 605-773-5483
10. Council e-mail address: arlene.poncelet@state.sd.us
11.Council Web Page address: <u>www.state.sd.us/dhs/ddc</u>
12. Did your Designated State Agency (DSA) change this fiscal year?
⊠No ☐ Yes If Yes, name of new DSA:
If Yes, is the new DSA a Service Provider?
13. State Authority Establishing Council: State Statute ⊠ Executive Order ☐ N/A
14. Has the Executive Order/Statute changed this year?☒ No ☐ Yes ☐N/A If yes, kindly attach a copy
OMB #: 0980-0172

SECTION II: COMPREHENSIVE REVIEW AND ANALYSIS UPDATE - Please provide an update on the comprehensive review and analysis in your State Plan. Include a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities receive 1) in ICF(MR)s; and 2) through home and community-based waivers.

The process of review and analysis of the state service system for people with developmental disabilities (DD) consists on ongoing input to the Council in the form of state agency updates at Council meetings, Council staff and member participation in meetings, and grant reports and requests made to the Council. This input included the areas of training, Family Support 360 grant, protection and advocacy, community based services, public information and awareness activities, direct support staff recruitment and retention, and more.

Council members and staff participated in workgroups, steering committees, advisory boards, summits and training institutes in which discussion and planning concerning various parts of the state service system. Examples include the Family Support Council meetings, SD Alliance for Children, Consortium on Prevention of Fetal Alcohol Spectrum Disorders, Alliance for Full Participation Regional Follow-up Meetings, Core Stakeholders Workgroup and People Leading Accessible Networks of Support (PLANS) Workgroup. Involvement in these workgroups and committees provides the Council with opportunities to keep current on activities across the State that affect services and supports for people with developmental disabilities.

The Department of Human Services' Division of Developmental Disabilities (DDD) continues to survey each provider agency to determine compliance with the Administrative Rules of South Dakota (ARSD) certification requirements, Articles 46:11 and 46:13. Each provider receives an ARSD survey biennially. A list of deficiencies and a plan of correction is developed as a result of the ARSD survey. The survey team consists of the DDD Registered Nurse and a Qualified Mental Retardation Professional as well as consultants from the Department of Health. The Department of Health consultants ensure that buildings owned or leased by providers are safe and sanitary for individuals. DDD monitors the completion and progress of the provider's plan of correction during the year that an ARSD survey is not scheduled.

DDD also conducts annual Home & Community Based Services (HCBS) reviews with each provider. This review includes a medical and programmatic review for 5% of the people receiving HCBS. The review includes monitoring the progress of the person's plan, ensuring implementation of preventative healthcare practices, reviewing medication errors, monitoring overall health and safety, and ensuring that each rights restriction includes a plan for restoration.

DDD requires each provider to have a quality assurance review conducted by DDD or the Council on Quality & Leadership (CQL). The quality assurance reviews endorse person-centered outcomes that include reviewing the health, safety and welfare of people as well as their needs and the supports provided to meet their desired

outcomes. The following is a summary of findings and subsequent actions taken during the last year during reviews of adult service providers:

- Seven providers were cited for not adequately completing monthly monitoring/quarterly observations. Action – All providers are seeking ways to improve monthly monitoring/quarterly observations while some providers have implemented procedures to improve existing processes.
- 2. Six providers received deficiencies in the area of rights restrictions and restoration plans. Action DDD continues to encourage providers to use the "Rights Decision Tree" and guidelines to identify restrictions and assure due process. DDD provided technical assistance to four providers regarding rights restrictions and restoration plans.
- 3. Seven providers received deficiencies in the area of meeting reporting timeframes for incident reports. Action DDD implemented a statewide internet Unusual Incident Reporting database during January 2005. This database has permitted each provider to submit an incident report during "real" time. The database continues to provide DDD with a system to track and trend abuse and neglect, health, mortality and behavioral data vital to the health and welfare of people receiving services on system-wide and provider-specific levels. Technical assistance was provided to assist the providers in meeting the timeframes for incident reports.
- 4. State of the art education and training for families and direct support professionals remains a challenge in SD, especially rural communities. DDD continues to work with the College of Direct Support (CDS) to provide online training to direct support professionals, families and individuals. Action Currently all 19 providers are enrolled in the CDS. The CDS has recently implemented a College of Frontline Supervision program. Providers are also creating their own lessons pertaining to provider specific information. Families and people supported have access to CDS. See the Community Supports section for more on this project.
- 5. Data from last year's CQL Personal Outcome Measures (POMs) accreditation reviews was compared to this year's reviews. The most notable increase was 25% in the outcome people choose personal goals. The present results place SD's providers well above the averages seen by other CQL accredited organizations across the nation. Action In September 2006, CQL facilitated a meeting with DDD and provider representatives regarding aggregate CQL survey results and future DDD strategic planning. The audience identified and recommended the following topics be incorporated in the DDD strategic plan: build natural supports and community connections; increase training regarding restrictive procedures and positive supports; review peer to peer abuse options and protocol to ensure sufficient funding to meet needs; continue to build quality framework to collect data, assess person-centered plans and outcomes; and

define alternative day services and identify ways to increase natural supports to address meaningful day.

Family Support Waiver services are reviewed by the DDD and the Department of Social Services (DSS) for basic Medicaid eligibility, level of care, plan of care and waiver services of all initial waiver applicants. DDD reviews all waiver services on an annual basis to determine compliance with the waiver assurances and ensure the appropriateness of services. This review ensures the health, safety and welfare of the recipients and assesses provider compliance with waiver standards. The process includes a review of individual plans, service coordination documentation, documentation of quarterly reviews of the plans, documentation of noted abuse, neglect and exploitation, and a review of two months of billing documentation.

The DDD also conducts annual family satisfaction interviews. These interviews are conducted in person or by telephone with the families selected to be part of the review sample. The results are documented in an annual report and each family support coordinator provides follow-up with the family as appropriate. An ARSD review of each provider is also completed biennially. Information from the National Core Indicators project's surveys has been utilized to formulate a continuous plan for improvement of identified target areas.

The following is a summary of findings and subsequent actions taken during the last year related to the Family Support Waiver: Two providers did not list Safety as a service on the plan of care. Under this service the internal checklist is to be completed annually. Two providers did have Safety listed as a service but did not complete the internal checklist with the families. Two providers failed to document consistently, the basic three elements of service coordination: 1) who the contact was with, 2) purpose of the contact, and 3) if any follow-up was needed. Action – DDD provides bi-annual training to providers to review problem areas and documentation requirements, and share procedures and information that will increase each service coordinator's ability to improve services to families.

During FFY06, the Center for Medicare and Medicaid Services (CMS) conducted an onsite Family Support Waiver Review of two local programs. CMS requested that the Department consider updating the memorandum of understanding (MOU) with the Department of Social Services and address issues related to payments to in-home care providers and billing options of non-fiscal agent providers. Families were very positive about the services provided by family support coordinators. The reviewer recommended that new coordinators be provided mentoring opportunities with more experienced coordinators and that the state consider more prescriptive guidelines for home modifications. The draft response from CMS on the Family Support Waiver Review indicates that the waiver substantially meets the assurances of "level of care need determinations," "health and welfare of waiver participants," and "financial accountability." Although CMS provided recommendations for the assurances of "responsive plans of care," and "state Medicaid agency authority," both assurances were determined in compliance. The DDD is considering implementing parameters for home/vehicle medications and securing an updated DSS/DHS memorandum of

understanding to address the CMS recommendations. The waiver was not found in compliance with the assurance of "qualified providers" citing restrictions related to service coordination "choice of providers". DDD drafted service coordinator qualifications to support the waiver's reliance on service coordinators employed by accredited providers and offered documentation of the opportunities families have to choose a coordinator from this qualified pool.

The DDD supports 13 local Family Support Programs and a Statewide Program (does not include service coordination) with Family Support Waiver and general funds. The DDD currently serves 593 children. Annually, the number of children needing services is continuing to rise.

The Family Support Council is an active and vested group of people who provide recommendations to DDD on ways to implement quality management into the service delivery system.

The DDD was awarded its third year of implementation of a 5-year grant to develop a seamless, single-point of entry service delivery model (Family Support 360, Project of National Significance). The primary goal of the PLANS Grant activities is to assist people with developmental disabilities, families and communities to preserve, strengthen and maintain the family unit by supporting individuals with developmental disabilities in communities of their choice. The PLANS coordinators are serving approximately 50 people with developmental disabilities.

Other activities within the DDD include:

- An Eligibility Workgroup was established to look at the eligibility criteria pertaining to HCBS and ICF/MR and to develop interpretive guidelines. Draft guidelines were developed and clarify applicable state statutes and administrative rules. The HCBS Eligibility Team refers anyone determined ineligible according to the new guidelines to DHS Legal Staff.
- 2. A Survey Workgroup with representation from each provider agency is analyzing the current ARSD and HCBS review process to revise as necessary for a quality process that meets CMS assurances. The workgroup meets regularly and has adopted guiding principles along with an overall goal, "to develop an improved survey process through communication and collaboration with stakeholders by March 2007". Three small subcommittees were established to focus on the survey process, survey tools, and monthly monitoring.
- 3. DDD and the Division of Rehabilitation Services (DRS) worked cooperatively with DSS to finalize a services grid for DHS and DSS. The grid represents extensive work to define how our services overlap and complement one another. This document will be used as a training tool for staff to help families navigate systems of care. A meeting to finalize the grid occurred in August 2006. There is still some confusion around the use of the Medicaid State Plan and when these services are accessed in relation to waiver services. Training has been

postponed until this issue is resolved.

- 4. DDD worked with providers to implement Medicare Part D. DDD prepared information for the website and provided staff with training on Part D in order to educate them on the issues and information they need to be aware of when working with the agencies. Provider agencies appeared to be well-prepared for the transition although there are continued concerns regarding "dual eligibles." Many people have been forced to switch to generic drugs, and most have limited incomes that will be even further restricted by the cost of co-pays. Providers report that the co-payments on drugs are presenting a financial burden on people who are "dual eligibles" and purchase several prescriptions each month.
- 5. Outplacement meetings with the SD Developmental Center (SDDC) staff are held monthly. SDDC remains at capacity with people in the community referred for placement. Representatives from community providers, SDDC, Human Services Center and DDD met in January to discuss the issues posed by the waiting list and formulate a plan to address these issues. The Division has implemented strategies to address this issue, including the creation of a special program in Watertown to serve people with aggression and sexual issues, expanded capacity in Sioux Falls for youth with similar issues, and utilization of 100% of the service based rate for agencies reimbursed at a lower percentage as based on historical costs.
- 6. Working with SDDC, the DDD drafted a new process for the provision of consults from staff at SDDC to community based providers. Upon request for a consult, agencies would be asked to submit a thorough functional analysis, observation and motivation scales to the DDD, to ensure all pertinent information is included. The information is then forwarded to SDDC where a team is gathered to review the information and make recommendations. The recommendations are then shared with the agency and the DDD staff responsible for the follow up with the agency. If this was not successful, then SDDC would complete an on-site visit as a last step of the consult.
- 7. DDD staff participated in the Working Conference on Emergency Management for People with Disabilities and the Aging. Quarterly meetings are held with the other members of the conference team. A draft Disaster Plan for the DDD has been developed and is awaiting approval.
- 8. The Restraint Reduction Workgroup was established to look at restraints currently utilized in the system and to formulate alternate methods to facilitate restraint reduction. The Workgroup developed specific action steps needed to make the Restraint Reduction Initiative successful in reducing restraints in the system. The Workgroup is creating definitions that can be used consistently among DHS providers and both facilities.

- 9. The DDD participated in a four-state meeting hosted by the SD Association of Community Based Services featuring state directors and staff from South Dakota, North Dakota, Wyoming, and Montana as panelists in discussions regarding Medicare Part D implementation, Reimbursement Methodologies, CMS' Quality Assurance Requirements, and Self-Determination. Providers and state staff also held separate meetings. State staff discussed CMS' Heightened Expectations, Quality Initiatives, Provider Certification, Lawsuits, and Self-Determination. It was an opportunity to compare our services to those of neighboring states.
- 10. Each year CQL aggregates data gathered during accreditation surveys to identify strengths and weaknesses within the system. This information is used for planning as well as to meet CMS monitoring requirements as prescribed by the HCBS quality framework. The four areas identified in the report are HCBS requirements, personal outcome measures, basic assurances, and organizing principles. DDD distributed the report to providers in August and the PLANS Workgroup and DD Council in September. CQL will then facilitate a meeting for division staff and providers to review the report and work together to analyze strengths and weaknesses. From this evaluation we will then be able to identify priority areas for system development. A foundational task to increasing DDD's capacity to offer services in line with the values and principles of self-direction is to build a Mission Statement congruent with these values and principles. An intensive session was held with DDD staff to review the agency's Mission and draft a new, more contemporary Mission and Principles.
- 11. During the April 2006 outbreak of mumps in the state, the division received an increased amount of inquiries and concerns from agencies in relation to safeguards surrounding the subject. In an effort to provide as much education as possible division staff researched the subject, put together detailed information, and shared this information with agency directors and nursing personnel. The Governor supported immunizing those staff and people who receive services who are determined to be under immunized with support from the Department of Health. Data has been collected and it has been determined that a total of 2,795 doses will go out to the ATC's, of those 1,407 will go to people supported and 1,388 to agency staff.
- 12. Technical assistance was provided to agencies working with people who have elevated ammonia levels (associated with depakote) that are resulting in increased behaviors. In one case the neurologist did not want to switch medications for this person, a second opinion was sought and he is now being switched to a different seizure medication.
- 13. Karen McGowan, a nurse consultant, provided technical assistance to five ATC's and four division staff. The technical assistance provided education and hands on learning in the areas of: positioning, medication side effects, gag reflexes, oral stimulation, special dietary needs, aspiration prevention, and tube feedings.

Waiting List

Please report any change in number (from last year to this year) of individuals with developmental disabilities on waiting lists for services.

Waiting List Name	# in State Plan for FFY02-06	Number in FFY06	Number in FFY05
DDD Services	0	10	24
Local Family Support	18	*	*
Statewide Family	0	*	*
Support			
Respite Care	0	0	0
Guardianship	0	0	0
Public Housing (Section 8)	1,273	0	1,006

^{*} See narrative

Waiting List narrative:

Please provide a brief narrative explaining any changes.

* Individuals on the Division of Developmental Disabilities' waiting list are individuals who are not receiving services from an adjustment training center. The average length of time an individual is on the waiting list is 90 days. Families requesting Local Family Support services are eligible for the Statewide Family Support program and receive services from that program until there is an opening on a Local program. There are approximately 200 families on Statewide who have indicated they would like to move to a local program when an opening occurs.

Section 8 and other housing waiting lists are maintained by local public housing authorities (PHAs) and applicants are not tracked by type of disability. In an effort to gather the information requested, the SD Council sent out a voluntary survey of local PHAs for the past several years. Since a different group of PHAs responded to the Council's request for information each year, it was determined that this survey was not providing consistent information and would therefore be discontinued.

SECTION III: AREAS OF EMPHASIS AND PERFORMANCE TARGETS

EMPLOYMENT (EM): People get and keep employment consistent with their interests, abilities and needs.

1. PROJECTS, STRA	ATEGIES AND/OR	ACTIVITIES
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Project/activity name: Self-Directed Career Enhancement Project
(i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Volunteers of America - Dakotas
(iii) Beginning date: <u>10/1/05</u> Ending date: <u>09/30/07</u>
(iv) Part B \$: <u>4978</u> Other(s) \$: <u>1670</u>
(v) Intermediaries/Collaborators
(vi) Primary Type of Activity.
☑ Barrier Elimination, Systems Design & Redesign
(vii) Priofly Describe the Project Strategy or Activity

(vii) Briefly Describe the Project, Strategy, or Activity.

Project SCEP was designed to provide an opportunity for self-directed services to people with developmental disabilities. The project seeks to provide necessary support for individuals to make independent and informed decisions about their lifestyle and employment opportunities. SCEP encourages self determination by allocating funds so the individual may purchase the services they feel are necessary to implement their own career plan. Every participant of the program has access to a services broker, who provides them with encouragement, ideas and opportunities. The broker does not make decisions for the person, but assists them in arranging services to facilitate the individual's growth and development throughout the creation and implementation of their career plan.

The Project has served three families in the first year of service delivery. The Grant has assisted people with disabilities in a variety of ways, including job placement, job coaching, work readiness classes, bus training, assistance with completing SSI and other state, federal, and legal documents, and training in public speaking. In hopes to increase referrals, staff have attended meetings and IEP's, and networked with other providers, families and area groups to discuss the Project and the benefits of self-directed services.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES

Project/activity name: Employment Training Through the Arts
(i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Prairie Freedom Center for
Independent Living
(iii) Beginning date: <u>10/1/05</u> Ending date: <u>09/30/06</u>
(iv) Part B \$:\$4,414 Other(s) \$:\$ 11,450
(v) Intermediaries/Collaborators
(vi) Primary Type of Activity.

(vii) Briefly Describe the Project, Strategy, or Activity.

The goal of VSA arts Employment Training through the Arts is to provide the skills necessary for gainful employment, independent and community living, and leisure enjoyment through Arts education. The objectives of the project were to enhance artistic abilities, build self-esteem, gain problem solving skills, new ways to communicate their needs and desires enhancing the quality of their lives.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES
Project/activity name: Pathways to Employment by David Hammis
(i) Implementer: ☐ In house 区 by contract/grant
(ii) Grantee/Contractor name (if appropriate): Pathways
(iii) Beginning date: <u>4/1/06</u> Ending date: <u>06/30/06</u>
(iv) Part B \$: <u>\$ 900</u> Other(s) \$: <u>\$</u>
(v) Intermediaries/Collaborators
(vi) Primary Type of Activity.
⊠ Training
(vii) Briefly Describe the Project, Strategy, or Activity.

David Hammis presented a workshop entitled, "Customizing Employment & Self-Employment Strategies and Success Stories", in April 2006. The session challenged participants to think differently about employment and career opportunities for individuals with disabilities. Innovative approaches to tapping the capacity of communities and employers, as well as, a person-centered approach to job development were shared.

www.griffinhammis.com

2. COUNCIL RESULTS FOR REPORTING YEAR IN EMPLOYMENT: People get and keep employment consistent with their interests, abilities and needs.

EM01	Adults have jobs of their choice through Council efforts:
EM02	Dollars leveraged for employment programs:
EM03	Employers provided vocational supports to students on the job:
EM04	Businesses/employers employed adults:1
EM05	Employment programs/policies created/improved:
EM06	People facilitated employment:10
EM07	People trained in employment: <u>381</u>
EM08	People active in systems advocacy about employment:3_
EM09	People trained in systems advocacy about employment:: Total
EM10.	Other(s): 300 Describe Other(s):
Infor	mation on ADA shared with employers, people with disabilities, service providers
and far	mily members.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN EMPLOYMENT

The Council's main employment project had a slow start in FFY06 and will be continuing through FFY07. The Self-Directed Career Enhancement Project provides young adults with developmental disabilities opportunities to gain the knowledge and skills necessary to be successful in employment. Participants may choose to take employment readiness classes where they learn about the attitude, behavior, and social skills that will be expected by their future employers. The participants may also choose to work in a volunteer setting to improve skills in whatever area they hope to be employed in. Employment assessments, vocational training and job placement services can be provided to the person through Volunteers of America or may be purchased through another source. When participants work with employment services outside the project agency, monthly updates on progress are received and the service coordinator stays in contact with the participant, family, and job coach and offers assistance when needed.

The Council continues to work with the Division of Rehabilitation Services, Division of Developmental Disabilities, Sioux Falls Business Leadership Network and community service providers on possible collaborative activities to enhance employment for people with developmental disabilities.

One of these collaborative activities was sponsoring David Hammis for a workshop in April 2006. Following this workshop, Mr. Hammis returned to South Dakota for a week of training in August. The workshops ranged from a general overview to a 2-day intense training specifically for people with disabilities who were focusing on self-employment.

EDUCATION AND EARLY INTERVENTION (ED): Students reach their educational potential and infants and young children reach their developmental potential.

projec	t/activity name	: <u>Musi</u> c	c for ALL: A De	velopr	mental Approac	ch_
(i)	Implementer:	In house		grant		
(ii)	Grantee/Conti	actor name (if	appropriate):I	Music	Therapy Servi	ces of SD
(iii)	Beginning date	e: <u>3/1/06</u>	Ending of	date: _	6/30/06	
(iv)	Part B \$:	\$2,396.08	Other(s)	\$	\$3,180.70	

- (v) Intermediaries/Collaborators
- (vi) Primary Type of Activity.
 - Supporting & Educating Communities

1. PROJECTS. STRATEGIES AND/OR ACTIVITIES

(vii) Briefly Describe the Project, Strategy, or Activity.

The purpose of this project was to educate families and professionals working with children with developmental disabilities, on the benefits of music and music related strategies. Music can be used in a variety of ways to address a variety of needs: communication, socialization, academic, emotional, physical and leisure. Through a series of workshops participants were able to learn the therapeutic uses of music, and related strategies to address the above needs. These workshops were divided into

specific age groups: 1) birth to three 2) early childhood 3) school-age 4) specialized music instruction for leisure. Four music exploration sessions were held referencing the information gained in the workshop and provided a hands-on approach to learning and experiencing the power of music. A packet of reference materials was given to all participants.

2. COUNCIL RESULTS FOR REPORTING YEAR IN EDUCATION AND EARLY INTERVENTION: Students reach their educational potential and infants and young children reach their developmental potential.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN EDUCATION AND EARLY INTERVENTION.

Only one project was funded in FFY06 in this area. The Music for All Project focused on the various aspects of music therapy and educated parents or grandparents of children with disabilities. There were several educators, and therapists invited by families that attended the Music Experiences. A few parents of children with disabilities also work as a professional with children with disabilities.

This project <u>directly</u> impacted the lives of 43 people with the information and experiences gained. More excitingly, this project empowered participants to advocate

for their children. Three families have requested more information specifically addressing Music Therapy for their child. In addition, four families have begun Music Therapy for their children. One family, in particular, needed to educate others, advocate, and learn more about their power as parents to request Music Therapy services. The steps they took to have Music Therapy a part of their son's education, is a story in and of itself.

Staff from the Self-Directed Career Enhancement Program worked along side school districts to provide supplemental services to students on IEP's. Volunteers of America staff regularly attend IEP meetings to offer services and network with teachers and families to support people with developmental disabilities to successfully transition from school to employment. The service coordinator is available to brainstorm with students, helping them discover what is in their best interest, and supporting them to express their own interests at their IEP meetings. The program offers participants the opportunity to take integrated community adult education classes. The Project allowed for one individual to have some assistance with her education goals and to also have an advocate with her when making decision about her education. The school district was recommending dropping out of school. However, due to the advocate's efforts, the student remains in school with more focus being on employment.

HOUSING (HO): Adults choose where and with whom they live.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES	1.	. PROJEC	ΓS, STRA	TEGIES .	AND/OR	ACTIVITIES
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project/activity name: Housing Workgroup

- (i) Implementer: ⊠ In house ☐ by contract/grant
- (ii) Grantee/Contractor name (if appropriate):
- (iii) Beginning date: <u>4/15/04</u> Ending date: <u>9/30/06</u>
- (iv) Part B \$: \$ 0 Other(s) \$: 0
- (v) Intermediaries/Collaborators

 - □ University Center(s)
 - a) SD Housing Development Authority
 - b) Housing & Urban Development, Rural Development Office
 - c) Sioux Falls Community Development Office
 - d) Grant/Roberts Counties Developmental Disabilities Program
 - e) SD Coalition of Citizens with Disabilities
 - f) Parents
 - g) Division of Developmental Disabilities
 - h) realtors
- (vi) Primary Type of Activity.
 - ☑ Interagency Collaboration & Coordination
- (vii) Briefly Describe the Project, Strategy, or Activity.

This workgroup formed after SD Advocacy Services coordinated a workshop in April 2004. This group met to continue the discussions begun at the conference and to develop any materials or information that might be needed. During FFY2006, a sub-

committee of the workgroup revised the Housing Guide that had originally been developed in 1995 for the DD Council.

2. COUNCIL RESULTS FOR REPORTING YEAR IN HOUSING: Adults choose where and with whom they live.

HO01	Individuals have homes of their choice through Council efforts:
HO02	People moved from congregate settings to homes in community:
HO03	Dollars leveraged for housing:
HO04	Banks made mortgage funds available to enable people to own their own
	homes:
HO05	Housing programs/policies created/improved:
HO06	Units of affordable, accessible housing made available:
HO07	People facilitated home ownership/rental:
80OH	People trained in housing:
HO09	People active in systems advocacy about housing:19
<u>Br</u>	eakout number by category:
	1) Self-advocates: <u>2</u>
	2) Family members: <u>5</u>
;	3) Others: <u>12</u>
HO10	People trained in systems advocacy about housing:
HO11	Other(s): Describe Other(s)

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN HOUSING.

In the original State Plan, the Council had recommended that the Housing Manual developed by the Council in the mid-1990's be updated. However, after review of the existing material, it was decided to make the manual more user friendly and eliminate a lot of the detailed information on housing programs.

The Housing Workgroup consists of SD Housing Development Authority, local public housing authorities, Rural Development Offices, parents, local housing developers, P&A staff, DD Council director, and others interested in housing for people with disabilities (or more broadly, people with low and very-low incomes). The Housing Workgroup recommended that a Guide be developed. The group continues to gather success stories about low and very-low income individuals owning homes of their own. These stories are shared in newsletters (SD Advocacy Services and SD Coalition of Citizens with Disabilities) and presentations.

From surveys returned by Partners in Policymaking graduates it was learned that a selfadvocate living in a group home has now moved into an apartment with the roommate of his choice; and a family member has helped their daughter stand up for her rights in receiving privacy while living in a group home and is in the process of acquiring an apartment to live by herself with supports.

HEALTH (HE): People are healthy and benefit from the full range of needed health services.

	1. PROJECTS, STRATEGIES AND/OR ACTIVITIES. project/activity name:Living Well (i) Implementer: In house _\infty by contract/grant (ii) Grantee/Contractor name (if appropriate):Ability Building Services (iii) Beginning date:11/1/05
	The Living Well Classes were designed to teach an assortment of strategies in which they could reduce the amount of stress in their lives. As part of the project, 12 individuals served took part in these classes in two (2) different groups. The classes were held at the Avera Sacred heart Mind/Body/Spirit Center. The attendees learned about how their daily lifestyle could affect their health and how their lifestyle could be responsible for an increase in the amount of stress they face on a daily basis. The classes consisted of learning how the use of Yoga can help reduce stress. There were many classes that taught the attendees how they can use an assortment of meditation practices to help them in improving their health and reducing stress. As part of the class, the classes were taught the importance of healthy foods as a way to good health. A nutritionist was brought in to teach this portion of the program. People were also taught that exercise is an important part of staying healthy which in turn could lead to reduced medical visits and /or treatments. As part of the project, the individuals who attended this class were given 30 day memberships to a local health club as a way for them to continue their exercise program and to allow them to meet new people within their community.
	UNCIL RESULTS FOR REPORTING YEAR IN HEALTH: People are healthy and it from the full range of needed health services.
HE02 HE03 HE04	Health care programs/policies created/improved:1 People improved health services:2 People trained in health care services:
	People trained in systems advocacy about health care:

1) Self-advocates: 15

2	2) Family members: _	20_
;	3) Others: <u>40</u>	
HE08	Other(s):	
De	scribe Other(s) (maxim	um 500 characters)
Pe	ople reached through p	revention and health-related public awareness activities.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN HEALTH.

The Living Well project was instrumental in providing 12 people with developmental disabilities find ways to improve their health. They learned about proper nutrition as a way to lead a healthy lifestyle. The class learned how the use of meditation could be used to reduce the level of stress in their lives. They also learned the basics of Yoga, which could be used as part of their exercise regimen. A benefit of this class was that some of the participants have continued to use some of the techniques taught after the program was done that could help in leading a healthy lifestyle. Examples of this include people continuing their memberships in the health clubs, eating healthier, and continuing to practice some of the meditation techniques they were taught.

An added benefit of this program was the education of members of the public as to the importance of giving people with developmental disabilities a chance to participate in programs/classes that are offered within the community. The project director was told by both instructors of these classes that this was the first time they had ever had a chance to meet, work with, and become friends with the people with developmental disabilities. They stated that they never knew that these individuals were so serious and dedicated about learning something new. They never knew how much fun it is to work with them.

Although there was no survey done at the end of this project, each of the participants expressed verbally that they really enjoyed the classes and wish they could continue. Comments included: "I am now a changed woman", "Yoga is fun", "I really like the music we listen to we practice our meditation". It was amazing how they would look forward to the classes every week. They would be waiting at the door to get in the vehicle to go to class.

The Council Director had also been active with a sub-committee of the Oral Health Coalition. This sub-committee planned for training for nursing staff at community service providers related to the benefits of good oral health. Training was held in October 2006. This group is also working on training for dentists and dental staff and continues to discuss ways to increase the number of dentists who provide care for people with developmental disabilities.

The Council Director also is involved in the SD Consortium for Prevention of Fetal Alcohol Spectrum Disorders. This workgroup meets quarterly and has several model projects underway in the area of prevention.

CHILD CARE (CH): Children and families benefit from a range of inclusive, flexible child care options.

COUNCIL RESULTS FOR REPORTING YEAR IN CHILD CARE: Children and families benefit from a range of inclusive, flexible child care options.

CH01	Children in inclusive child care settings through Council efforts:
CH02	Dollars leveraged for child care programs:
CH03	Child care programs/policies created/improved:
CH04	People facilitated inclusive child care:
CH05	People trained in child care:
CH06	People active in systems advocacy about child care:
CH07	People trained in systems advocacy about child care:
CH08	Others Describe

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN CHILD CARE.

Although the Council does not currently have any projects in the area of childcare, the Council is aware of the concerns of many parents with children with developmental disabilities regarding quality childcare for children of all ages. As a Resource Member of the SD Alliance for Children (formerly known as the SD Alliance for Childcare & Early Education) the Council remains informed of the initiatives and activities in this area and also provides a disability perspective for the group. There are 20+ member organizations and 15+ resource members. The group meets quarterly. The Alliance is committed to creating a seamless, unified, high-quality child care and early education system that is supported by policymakers and the public and is accessible and affordable to all families." The Alliance has completed a number of surveys related to childcare providers and the economic impact of quality childcare. Another area of interest to this group is the Public Pre-Kindergarten discussion and possible legislation.

RECREATION: People benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities.

1. PRO	JECTS, STRATEGIES AND/OF	R ACTIVITIES.		
proje	ect/activity name: Friends			
(i)	Implementer: In house In house In house In house In house	☑ by contract/gr	ant	
(ii)	(ii) Grantee/Contractor name (if appropriate): Sioux Falls School District			
	Office of Community Education	<u>on</u>		
(iii)	Beginning date: <u>07/1/2003</u>	Ending date:	9/30/2006	
(iv)	Part B \$ 21,058	Other(s) \$	15,570	
(v)	Intermediaries/Collaborators	. ,		
	a) Pathways (parent supple	port group)		
(vi)	Primary Type of Activity.			

Friends offers community education classes and social opportunities for adults with disabilities. The focus is on those people living at home, semi independently or independently; however no one is excluded from Friends opportunities. Friends offers a means for people with disabilities to meet new people and form friendships while pursuing life long learning. Weekly classes and outings are offered to participants including cooking, crafts, art taught by local artists, computers, theater, sporting events and a variety of outings in the community. Friends has formed many local partnerships including: Augustana Drama Dept, Sioux Falls Parks & Recreation Dept., Sioux Falls Community Education, Education Majors at Augustana and the University of Sioux Falls, local artists, businesses and local sports teams.

The project has three goals: 1) Provide educational and recreational opportunities for adults with disabilities; 2) Increase the number of adults with disabilities who participate in general Community Education courses; and Increase the number of adults without disabilities who participate in the Friends Community Education program.

This year, 3 participants applied and were awarded scholarships to help pay for Community Education classes. There were 27 registrations by Community Education participants in Friends Classes. Friends also had in excess of 20 volunteers throughout the year to assist in classes and/or socialize with Friends participants.

2. COUNCIL RESULTS FOR REPORTING YEAR IN RECREATION: People benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities.

RE01	People active in recreational activities through Council effor	rts:	165	
RE02	Dollars leveraged for recreation:			
RE03	Recreation programs/policies created/improved:			
RE04	People facilitated recreation: 30			
RE05	People trained in recreation:			
RE06	People active in systems advocacy about recreation:			
RE07	People trained in systems advocacy about recreation:			

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN RECREATION.

The Friends Project has been successful in providing a range of recreation and social activities for people with disabilities in the Sioux Falls area. Participants attended Skyforce, Canaries, Stampede and Spitfire games. They attended local plays, art galleries, movies, eating out at restaurants, bowling, Washington Pavilion events, picnics, etc. A variety of people assist and volunteer for Friends including college students and private business owners. Friends connects with several agencies in the Sioux Falls area that serve people with disabilities. Many participants are referred by these agencies in an effort to help them become aware of opportunities available

through Friends. Local providers often send staff to accompany and assist people at Friends events.

Some statistics from the program include:

1379 Friends registrations

32 Community Education registrations for reverse inclusion classes

1411 Total Registrations

144 Friends participants in classes

21 Community Education participants

165 Individuals participated in classes

73 classes were offered

19 participants per class (average)

30+ instructors, assistance and volunteers

Presentations by the Project Coordinator informed people about the project and the benefits of community inclusion in all aspects of a person with a disabilities' life. Presentations were made to People First of Southeastern South Dakota (80), the Interagency Transition Council (89 members); and college classes (20+).

TRANSPORTATION: People have transportation services for work, school, medical, and personal needs.

2. COUNCIL RESULTS FOR REPORTING YEAR IN TRANSPORTATION: People have transportation services for work, school, medical, and personal needs.

TR01	People have transportation services through Council efforts:	2
TR02	Dollars leveraged for transportation:	
TR03	Transportation programs/policies created/improved:	
TR04	People facilitated transportation:3	
TR05	People trained in transportation:	
TR06	People active in systems advocacy about transportation:15_	•
<u>Bre</u>	eakout number by category:	
1)	Self -advocates: <u>5</u>	
2)	Family members: <u>5</u>	
3)	Others:5	
TR07	People trained in systems advocacy about transportation:	ī
<u>Bre</u>	eakout number by category:	
1)	Self -advocates:	
2)	Family members:	
3)	Others:	
TR08	Other(s):	

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN TRANSPORTATION.

Council members and staff continue to stay updated on activities and needs in the area of transportation. South Dakota's United We Ride activities are just getting started and the Council will continue to be updated on these and other activities related to transportation.

After attending Partners in Policymaking, participants reported that they became more aware of public transportation and have worked with local transportation systems to encourage the systems to be more accessible.

QUALITY ASSURANCE: People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

1.	PROJECTS.	STRATEGIES	AND/OR	ACTIVITIES
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project/activity name: Partners in Policymaking

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): SD Advocacy Services
- (iii) Beginning date: <u>10/1/92</u> Ending date: <u>6/30/2007</u>
- (iv) Part B <u>\$ 100,000</u> Other(s) <u>\$ 108,200</u>
- (v) (v) Intermediaries/Collaborators

 - □ University Center(s)
 - (a) SD Parent Connection
 - (b) Children's Care Hospital & School
 - (c) Protection & Advocacy for Mentally III
 - (d) Protection & Advocacy for Developmental Disabilities
 - (e) Protection & Advocacy for Individual Rights
 - (f) Protection & Advocacy for Traumatic Brain Injury
- (vi) Primary Type of Activity.

(vii) Briefly Describe the Project, Strategy, or Activity.

Partners in Policymaking is an innovative leadership and advocacy training opportunity designed to involve and empower people with developmental disabilities, parents of children with disabilities, and other family members. It requires a serious commitment by each participant during the course of the training, as well as after graduation. The expectation is that each Partner will commit to actively use the skills learned to encourage positive changes in the areas of community awareness, sensitivity, accessibility, and inclusion for all people with disabilities. A typical class consists of 25-27 participants who are selected through an application/selection process. Partners attend six two-day training sessions from November through April. At each session, experts in disability and advocacy fields present information and interact with participants. Partners have the opportunity to work on communication skills,

assertiveness, decision-making skills, legislative testimonial presentation skills, and group activities. Partners must complete homework assignments every month. Participants in each class must submit an application for the training and then a selection committee of graduates of Partners, get together to discuss the applications and select the class. Each year 50-60 applications are received.

Each year in April, Partners in Policymaking invites all graduates to attend a one-day session of continuing education. The curriculum is designed to cover topics to help keep everyone abreast of current issues, laws and policies and to refresh their self-advocacy skills.

Several press releases are sent out regarding the training, including but not limited to: recruitment, selection, graduation, etc. These are sent to all newspapers, radio and television stations in South Dakota. Each year from May to September, the coordinator of the program spends time on the road going to various cities to promote Partners in Policymaking and recruit for the next class. Each year anywhere from 25-30 presentations are given about Partners in Policymaking. Graduates of the training assist in this recruiting effort and help to give the presentations. Over 574 people attended 28 trainings and there were 4,636 pieces of information disseminated regarding Partners in Policymaking.

Many Partners ran for political office. Two graduates are now mayors and three graduates ran for a seat in the South Dakota House of Representatives. Several have been elected to local city councils and school boards.

project/activity name: Youth Leadership Forum 2006

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): <u>Transition Services Liaison</u>
 Project / Black Hills Special Services Cooperative
- (iii) Beginning date: 1/1/06 Ending date: 9/30/06
- (iv) Part B \$ 10,000 Other(s) \$ 34,535
- (v) Intermediaries/Collaborators

 - □ University Center(s)
 - (a) Board of Vocational Rehabilitation
 - (b) Department of Human Services
 - (c) Department of Education/Special Education Programs
- (vi) Primary Type of Activity.
- (vii) Briefly Describe the Project, Strategy, or Activity.

The Youth Leadership Forum (YLF) for Students with Disabilities is a unique career leadership training program for high school juniors and seniors with disabilities to serve as delegates from their communities. Students with disabilities cultivate leadership, citizenship, and social skills as a result of participating in this 5-day event. YLF is implemented at the state level by the Board of Vocational Rehabilitation and

Department of Human Services, and other state and local partners.

YLF is an educational and motivational forum with an intense schedule. This event is held on a post secondary campus and allows students the opportunity to live in a dorm and get a taste of college life. Small "working groups" explore personal leadership and career plans. Social and recreational activities abound, as these are part of leading a well-rounded life. Guest speakers address such topics as disability rights, laws and innovations in technology. The key to YLF is leadership by example. Adults with disabilities who have traveled the same path these young people are facing serve as a group leaders and staff. Many other volunteers, some with disabilities and some without, help to make the program a success. A "Legislative Day" is presented to hear from our local legislators on issues of disability, inclusion and state law.

and and and the control of the contr
project/activity name: Assistance to People with Developmental Disabilities & Their
Families to Attend Training Sessions
(i) Implementer: ⊠ In house ☐ by contract/grant
(ii) Grantee/Contractor name (if appropriate):
(iii) Beginning date: <u>10/1/05</u> Ending date: <u>9/30/06</u>
(iv) Part B \$ <u>23,685</u> Other(s) \$ <u>19,250</u>
(v) Intermediaries/Collaborators
(vi) Primary Type of Activity.
☑ Supporting & Educating Communities
(vii) Briefly Describe the Project, Strategy, or Activity.

Since FFY99, the Council has assisted people with developmental disabilities and their family members to attend training sessions. The Council believes that the more knowledgeable people with developmental disabilities and family members become the better advocates they will be for themselves and others. People with developmental disabilities and their family members can apply for assistance to attend in-state and out-of-state conferences and workshops. The Council also set-aside funds for requests in the areas of: Recreation, Self-Advocacy workshops and the Caregiver's Conference.

project/activity i	name: <u>The I</u>	Movement of S	<u>Self-Directed</u>	<u>d System</u>	<u>าร</u>	
(i)	Implementer:] In house 区	by contract	/grant		
(ii)	Grantee/Contract	or name (if ap	propriate):	Division	of Developr	<u>mental</u>
	<u>Disabilitie</u>	<u>s / Jean Tulle</u>	<u>r, Consultan</u>	t / comm	nunity agenci	<u>es</u>
(iii)	Beginning date: _	5/1/06	Ending da	ate:	6/1/07	
(iv)	Part B \$ 9,802	2.23	Other(s) \$	<u>3,</u> 2	<u> 267.41 </u>	
(v)	(v) Intermediaries/Collaborators					
Community Based DD Service Providers						
(vi) Pri	mary Type of Activ	∕ity.				
☑ Barrier Elimination, Systems Design & Redesign						

(vii) Briefly Describe the Project, Strategy, or Activity.

A Core Stakeholder Workgroup has been formed and this group meets quarterly. The

members are comprised of family members, individuals with disabilities, representation from SD Advocacy, DSS, Department of Education, ATCs and DD Council. The Core Stakeholder workgroup has met 2 times. Jean Tuller, Oregon Technical Assistance Corporation facilitates these meetings. The Workgroup initiated a number of activities with the goal of providing people and their families with more choice and control of services. The group recommended using a consultant to review and draft a plan for implementation of external case management, promoting person centered approaches through the use of Michael Smull's "Good to Great" initiative, and issuing an RFP for a Cash and Counseling pilot.

The DD Council awarded a system change grant to the DDD in partnership with the SD Association of Community Based Providers. The grant seeks to evolve the DD system of care to provide people with greater choice and control of their services through three initiatives:

- Create of a system of independent case management targeting people receiving services from traditional providers;
- Build an infrastructure of fiscal intermediary services for people who elect to direct their own services; and
- 3) Launch a person centered planning initiative that seeks to evolve traditional services to the next level through the "Good to Great" project under the direction of Michael Smull, the author of Essential Lifestyle Planning.

During June 2006, ATCs sent a survey to people with developmental disabilities and family members regarding independent service coordination options. 812 people completed the survey. 452 (56%) people were very satisfied with current service coordinator, 290 (36%) were satisfied and 39 (5%) had no opinion while 31 (4%) were not satisfied.

During August 2006, four focus groups were held (Watertown 4 self-advocates and 16 family members, Sioux Falls 11 self advocates and 8 family members, Yankton 4 self advocates and 4 parents, Rapid City 4 self advocates and 15 family members). These meetings were facilitated by Jean Tuller and hosted by Core Stakeholder representatives. The Core Stakeholders recommended separate meetings for self-advocates and family members. The focus groups an opportunity to present the notion of independent case management to South Dakotans external to the Core Stakeholders. Focus groups were indicative that this is an option that some self-advocates and families would like to see.

An RFP for Michael Smull's Good to Great project was developed and sent to all the ATCs. Northern Hills Training Center, Spearfish, ECCO, Inc. Madison and Life Quest, Mitchell submitted proposals. A subcommittee of the Core Stakeholders, comprised of individuals with disabilities and representatives from SD Advocacy and the DD Council, reviewed and accepted all three RFPs. Michael Smull will begin training in January 2007 which will assist agencies to improve their services to further self-directed opportunities for the individuals they serve.

An RFQ was sent to all agencies that may have an interest in participating in a pilot

project for Independent Case Management. SD is one of two states in the country that does not offer case management external to its provider network. The state ranks high in customer satisfaction in this area but lack of choice in case management is a concern for families, individuals, and ATC providers. This pilot will be the first step towards developing an independent option. RFQs were sent to mental health centers, independent living centers, career learning centers, Lutheran Social Services, Goodwill and all the ATCs.

oroject/activity name: Planning for Your Life
(i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Black Hills Special
<u>Services Cooperative – supporting Art Butcher & Steve</u>
<u>Dahlman</u>
(iii) Beginning date: <u>10/1/05</u> Ending date: <u>11/30/06</u>
(iv) Part B \$ 5,149 Other(s) \$ 7,950
(v) Intermediaries/Collaborators
(vi) Primary Type of Activity.
(vii) Briefly Describe the Project, Strategy, or Activity.
Art Butcher and Steve Dahlman came to the conclusion that if they can take con

Art Butcher and Steve Dahlman came to the conclusion that if they can take control of the planning in their annual meeting, they can take control of their lives. They have become "a voice". "Planning for Your Life" is a message that Art and Steve wanted to share with others in South Dakota.

The target groups that they have identified were 1) University students preparing to be Special Education teachers and other Human Services professionals. 2) Recipients of Secondary Special Education services and 3) Other adults with Developmental Disabilities. Art and Steve would like to travel and meet with people interested in their message.

project/acti	ivity name: Building Leadership One Step at at Time
. , (i)	Implementer: ☐ In house ☒ by contract/grant
(ii)	Grantee/Contractor name (if appropriate): Ability Building Services
(iii)	Beginning date:10/1/05 Ending date:9/30/06
(iv)	Part B \$ 6,680 Other(s) \$ 2,223
(v)	Intermediaries/Collaborators
(vi)	Primary Type of Activity.
, ,	
(vii)	Briefly Describe the Broject Strategy or Activity

(VII) Briefly Describe the Project, Strategy, or Activity.

Classes were held with 8 people served. The focus of these classes were self-advocacy skills. A consultant was hired to work on developing leadership skills. After this training the people served and the consultant then provided training entitled "Trading Places" to staff (approximately 130) at Ability Building Services Inc. Two of the

people served that had participated in the training with the consultant then went to four (4) other adjustment training centers in SD to present the training to people served and staff (approximately 100 total). The two (2) people served also presented "Trading Places" to approximately 60 additional people at Ability Building Services Inc. The training is geared toward self-advocacy.

The results of the grant included: improved Person Centered Plans throughout Ability Building Services. Training held at 4 other ATCs. Increased self-advocacy skills in many people. An awareness of the importance of listening and providing responsive supports.

oroject/activity name:	2006 Regional	Education Work	shop
(i) Implemente	er: 🔲 In house 🛚	☑ by contract/gra	nnt .
(ii) Grantee/Con	tractor name (if ap	propriate): Ped	ple First of Southeastern
<u>Sout</u>	h Dakota		
(iii) Beginning da	ate: <u>1/1/06</u>	Ending date:	6/30/06
(iv) Part B \$ <u>3</u>	3,627	Other(s) \$	2,219
(v) Intermediarie	es/Collaborators		
(vi) Primary Type	e of Activity.		
(vii) Briefly Describ	be the Project, Stra	ategy, or Activity.	

The purpose of this project was to provide educational opportunities to people supported, as well as their staff and families. Moreover, this grant would empower people supported and recognize their roles as leaders and experts.

Goals were to provide all People First of SESD members the opportunity to be actively involved in organizing and conducting a regional education workshop; to empower multiple members through the self-advocacy role of educator; and to provide a regional educational opportunity to people supported, staff and family members.

project/acti	ivity name: D	are to Drea	m Conference		
(i)	Implementer:] In house	by contract/gra	int	
(ii)	Grantee/Contract	or name (if a	appropriate):	SD Parent Co	onnection
	(fiscal age	ent)			
(iii)	Beginning date: _	6/06	Ending date:	6/06	
(iv)	Part B \$ 12,50	0	Other(s) \$	36,324	
(v)	Intermediaries/Co	llaborators	. ,		
(vi)	Primary Type of A	ctivity.			
` ,		_			
(vii)	Briefly Describe th	e Proiect. S	trategy, or Activity	' _	

The Dare to Dream conference is held every other summer. The Conference goals include offering education and networking for adults with disabilities and families of children with disabilities. The conference offers education through keynote addresses

and breakout sessions. Activities for children and teens are also planned to adults can attend sessions knowing their children are safe.

project/activ	vity name: Mobilizing for Self-Advocacy in South Dakota
(i)	Implementer: ☐ In house 区 by contract/grant
(ii)	Grantee/Contractor name (if appropriate): <u>Human Services Research</u>
	<u>Institute</u>
(iii)	Beginning date: 1/06 Ending date: 12/06
(iv)	Part B \$ 16, 934 Other(s) \$ 13,024
(v)	Intermediaries/Collaborators
(vi)	Primary Type of Activity.
	□ Training
(vii) E	Briefly Describe the Project, Strategy, or Activity.
other self-a	s working to develop a core group of self-advocates who provided training to dvocates. Eventually, the goal is to build leadership skills across the state of a self-advocacy organization led by self-advocates.
People have abuse, neg and legal reassurance	IL RESULTS FOR REPORTING YEAR IN QUALITY ASSURANCE: re the information, skills, opportunities, and supports to live free of lect, financial and sexual exploitation, and violations of their human ights, and the inappropriate use of restraints or seclusion. Quality systems contribute to and protect self-determination, independence, y, and integration and inclusion in all facets of community life.
QA01 Ped	ople benefiting from quality assurance efforts of the Council:103
	lars leveraged for quality assurance programs:
	ality assurance programs/policies created/improved:1
	ople facilitated quality assurance:42_
	ople trained in quality assurance: 448
	ople active in systems advocacy about quality assurance:9
	out number by category:
	self -advocates: 4
,	amily members: 0
,	Others:5
	ople trained in systems advocacy about quality assurance:565
	out number by category:
	telf -advocates: 406
,	amily members: 96
•	Others: 63
,	ople trained in leadership, self-advocacy and self-determination: 317
	ople attained membership on public and private bodies and other leadership litions:16

QA1	Number of entities participating in partnerships or coalitions created or sustained as a result of Councils efforts:
QA1	11 Number of people with DD estimated to benefit from quality assurance activities supported by the Council 410
A. I dev	self-Advocacy Is there a self-advocacy organization(s) in the state led by individuals with elopmental disabilities that receives direct funding from a private or public source? NoX
	Does the Council directly or indirectly fund a self-advocacy organization in the state led by individuals with developmental disabilities? YesX_ No
I	If yes, amount of funding Council contributes \$20,000
	Dollars leveraged for self-advocacy organization(s) in the state led by individuals with developmental disabilities. \$

4. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN QUALITY ASSURANCE.

The Council has a number of activities in this area. Partners in Policymaking and the Youth Leadership Forum continue to receive funding from the Council for the exceptional training that is offered to people with developmental disabilities.

Youth Leadership Forum (YLF) 2006 was attended by 34 high school students. Each day of YLF focuses on a topic of importance such as education and post-secondary transition, employment and related benefits and goal setting in additional to learning about a person's disability and need for accommodations. This year the YLF delegates also participated in 5 community service activities – SF Food Pantry, VA Hospital, Center for Active Generations, Great Plains Zoo and SF Good Will. The Legislative Luncheon and closing ceremony were combined this year. Governor Mike Rounds was able to stop by to present an "Everyday Hero" award to a YLF delegate/mentor who earlier in the year saved a drowning child's life by reacting quickly to get the child out of a hotel pool.

Graduates of Partners in Policymaking are surveyed annually and continue to show active participation in meetings to help improve services. Many of the graduates serve on state and local boards/committees and councils to help make the policy that affects their lives and the lives of their family members. Partner graduates serve on the Family Support Council, SD Advisory Council for Children with Disabilities, State DD Council, the PADD Advisory Council, Governing Board of South Dakota Advocacy Services, school boards, mayor's committees, etc. Three Partner Graduates have run for State Legislative positions. These individuals are helping to assure all individuals are treated equally with dignity and respect.

The Council supports many events that provide opportunities for adults with developmental disabilities and parents of children (of every age) with developmental disabilities can learn about quality services, rights, self-advocacy, leadership opportunities and more.

The Council is currently involved with the Division of Developmental Disabilities and the SD Association of Community Based Services as together they work towards more choice and self-direction by people with developmental disabilities receiving services. This includes the Independent Service Coordination pilot program, Good to Great activities, and fiscal intermediary service options. Many of these activities are just beginning and the Council is looking forward to seeing results in future years.

In the area of Self-Advocacy, the Council has been supporting several projects that are working to build the leadership skills of people with developmental disabilities. Those projects include Planning for Your Life, Mobilizing for Self-Advocacy in South Dakota, Building Leadership One Step at a Time. Each of these projects has provided opportunities for people with developmental disabilities to receive training from other self-advocates.

Art and Steve, two Partners graduates, developed the Planning for Your Life project. One of the objectives was that the project be designed and managed by Art and Steve. The application was submitted via video and the final report and documentation of project activities will be submitted via video. They call themselves "The Messengers" and have provided presentations that give specific examples and guidance to assist other self-advocates in taking charge of their program.

The Planning for Your Life DVD's that people received at the trainings can be used by them in a step by step manner to learn how to and actually run their own meeting and, as Art says, "If you run your meeting, you run your life". The "How to" video that has been distributed has been viewed over and over by many individuals and has been incorporated in staff training in several locations. Over 300 DVD's have been distributed so far. The DVD was Art and Steve's idea as something they could leave with the individuals they talked to that could be used over and over as a "how to" when it comes to running your own meeting and an inspiration to others that they can do it on their own.

Art and Steve presented at many community service providers as well as college students, parents and staff. They have more presentations scheduled for the upcoming year. Their journey with this project has been documented and will be submitted to a national short film festival. They have received quite a lot of feedback from individuals about how they were inspired by the presentations that Art and Steve have done.

The Council supported the 2006 Regional Educational Workshop for self-advocates. Members of People First of Southeastern South Dakota planned and held this one-day training for self-advocates and others. 89 participants attended the workshop. Sessions included: a) Learning How to Conduct Meetings; b) We All Have Rights; c) Community Safety and More; d) Educational Opportunities for You; and e) Workshop

Closing Session. This gave many people the opportunity to learn about People First and to be added to the mailing list.

FORMAL & INFORMAL COMMUNITY SUPPORTS (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

	•			ACTIVITIES		<u>f</u>	
(i)	Impleme	enter: 🗌	In house	by contract contract by contract contract by contract contract by contract contrac	ct/gra	ant	
(ii) G	Grantee/Co	ntractor r	name (if ap	propriate):	SD	Association	of Community
	<u>Bas</u>	sed Servi	<u>ces</u>				
(iii) B	Beginning o	date:	4/1/04	Ending date) :	9/30/06	
(iv) P	Part B \$	11,081		Other(s) \$		10,584	_
(v) Ir	ntermediar	ies/Collab	orators				
Ì	rimary Typ ☑ Trainin	g	•				
(vii) Br	iefly Desci	ibe the P	roject, Stra	tegy, or Activ	∕ity.		

This project provides ongoing state-of-the-art training based on an annual needs assessment of staff. Project oversight is done by the Parallel Group which includes all 19 community provider agencies, SD Developmental Center and the Division of DD. Training is provided at a minimal cost to agency staff and at no cost to parents/family members and people with disabilities. A statewide survey of priority training needs is conducted annually and determines the topics selected for training.

project/activity name: College of Direct Support
(i)Implementer: ☐ In house 区 by contract/grant
(ii) Grantee/Contractor name (if appropriate): <u>SD Association of</u>
Community Based Services
(iii) Beginning date: <u>1/1/04</u> Ending date: <u>12/31/07</u>
(iv) Part B \$ 84,211 Other(s) \$ 59,100
(v) Intermediaries/Collaborators
State Protection and Advocacy System
☑ University Center(s)
 a) Division of Developmental Disabilities
b) SD Developmental Center
(vi) Primary Type of Activity.
(vii) Briefly Describe the Project, Strategy, or Activity.

This project period involves the second half of the Project's second year and first half of the third year. The project is designed to implement *The College of Direct Support* on-line training curriculum throughout the South Dakota developmental

disabilities services and support network. As of Sept. 30, 2006...all 19 community adjustment training centers, the State Developmental Center – Redfield, and the PLANS project are continuing to participate in *The College of Direct Support*. As of September, 2006, there were 2,624 learners taking courses from The College of Direct Support. Total lessons assigned as of this date were 61,325 with 1,309 lessons being completed. Also, as of this date, six family members / guardians are involved with taking College courses. Thirty – three people being supported are also active in taking College courses.

The project continues to be monitored by a "Local Agency Administrator" group led by the State-wide College Administrator who is housed in the Center for Disabilities at the University of South Dakota. This Project Workgroup numbers 23 individuals and included representation from the State Division of Developmental Disabilities and the Project Director from the South Dakota Association of Community Based Services.

Beyond successes in implementation of the basic project goals...there continues to be numerous creative and unique uses of The College of Direct Support being explored. A major addition of *The College of Frontline Supervisors* curriculum had greatly added to the benefits of this on-line training resource to the participating agencies. Our project is cooperating in national study projects being conducted by the University of Minnesota to determine effectiveness of *The College of Direct* Support throughout the nation. We are continuing to make better use of the "onthe-job training" aspect of the College curriculum in a number of participating agencies. Also, one agency is working with a University within the community to enroll students in The College Curriculum, followed up by having the students complete a required practicum with the community agency. The project continues to explore more ways for The College Curriculum to be able to benefit consumers and their families as they move towards more self directed support systems. Exploration also continues looking for ways the College Curriculum might be worked into special education programs in an effort to train teachers and provide a resource to families as a way to assist them in planning for transition of their son / daughter from school to the adult support system.

project/activity name: <u>Autism Team Training</u>
(i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): <u>Center for Independence</u>
(iii) Beginning date: <u>11/1/05</u> Ending date: <u>6/30/06</u>
(iv) Part B \$ 4,281 Other(s) \$ 3,708
(v) Intermediaries/Collaborators
State Protection and Advocacy System
☑ University Center(s)
 c) Division of Developmental Disabilities
d) SD Developmental Center
(vi) Primary Type of Activity.

(vii) Briefly Describe the Project, Strategy, or Activity.

Council funds were requested to assist with training needs of staff as the agency created a community based option to serve four youth with autism who have very intensive needs. In-depth training regarding the needs of persons with autism and consultation from an expert in the area of physical environments were provided to staff. The training was video-taped and continues to be used for team training.

project/	activity name: _	Strength-based Staff Training & the Positive Impact on
Persons	s Assisted	
(i)	Implementer:]In house ⊠ by contract/grant
(ii)	Grantee/Contrac	tor name (if appropriate): South Dakota State University,
	<u>Dr. Jay Tı</u>	<u>enhaile</u>
(iii)	Beginning date:	10/1/05 Ending date: 12/30/06
(iv)	Part B \$	_ Other(s)
(v)	Intermediaries/C	ollaborators
(vi)	Primary Type of A	ctivity.
	Supporting &	Educating Communities
(vii) I	Briefly Describe the	Project, Strategy, or Activity.

Staff members from ADVANCE were trained during training sessions in August 2006 and December 2006. These staff members were from different programs and locations within the ADVANCE corporation.

More specifically, 14 individuals attended the August training. The training sessions were held for two hours each during the week of August 14. During the trainings, participants were exposed to the basics of the theory along with the benefits of utilizing this approach. In addition, time was designated to work in small groups and analyze some of the challenging behaviors they deal with at the agency. Next, ways to incorporate a strength-based response were included.

Following training at the North Central ACES conference in Kansas City, some of the training methods were revised and adjusted to help future participants learn the concepts more effectively. The North Central ACES conference is focused on training students and included specific Solution Focused sessions such as "Solution Focused Therapy with Diverse Populations".

Due to the unique nature of this project, I am unable to provide definite numbers on consumers that have been affected. However, I do expect that it has the potential to positively impact the lives of persons assisted now and in the future.

project/activity name:	PLANS (I	People L	<u>eading</u>	Accessible	Networks	of Support) -
South Dakota's Famil	y Support	360 Pro	ject of	National Sig	gnificance	

- (i) Implementer: ⊠ In house □ by contract/grant
- (ii) Grantee/Contractor name (if appropriate):

(iii)	Beginning date:	<u>4/1/05</u>	Ending date:	9/30/06
(iv)	Part B \$	_ (Other(s) \$	

- (v) Intermediaries/Collaborators

 - - a) Division of Developmental Disabilities
 - b) Black Hills Special Services Cooperative
- (vi) Primary Type of Activity.
- (vii) Briefly Describe the Project, Strategy, or Activity.

Council staff and members are part of the Workgroup for the PLANS (People Leading Accessible Networks of Support) Family Support 360 implementation grant. The primary goal is to pilot a One-Stop Center to provide a seamless, single-point of entry service delivery model that will assist families and communities in supporting people with developmental disabilities and their families. The Project will provide services each year to at least 50 targeted families, will offer new services to current recipients, and expand each year to additional unserved or underserved individuals with disabilities.

The PLANS Workgroup is made up of 21 people with disabilities, family representatives, and public and private agencies directly involved in the assessment, planning, and development of the Family Support 360 Planning Grant. The Workgroup reached a consensus that in order to strengthen families and communities supporting people with disabilities, these families and people with disabilities must have access to a comprehensive array of services and supports through a single-point of contact. In the process to examine this need, the Workgroup acknowledged the Family Support Program's success in providing a high level of satisfaction to families, a single-point of contact, and cost-effectiveness of family services. Therefore, the Project intends to extend this effective model to adults with disabilities who choose to access services and supports while remaining in their home community. Due to the rural nature of South Dakota, the Project provides a One-Stop Center to access a myriad of services but also a Coordinator who travels to the families to provide in-depth planning for services and supports.

Recent activities include:

- Continuation of local programs in Milbank and Sioux Falls and the addition of a local program in Rapid City.
- Services are provided to families based on their unique needs, however an emphasis was placed on service coordination, respite care, personal care, special medical and adaptive equipment and supplies, companion care, employment services, environmental adaptations and nutritional supplements.
- As of September 30, 2006, there were 84 families served by PLANS and 29 additional referrals pending eligibility.
- Project staff provide families with information about opportunities for training. This includes recommending courses from the College of Direct Support. As the Project moves forward with adding services, additional training needs are likely to surface.

- The PLANS Coordinators assist each family to access and purchase needed services and supports based on their specific needs. Some families may need hands-on intensive assistance with this process but others may want more independence. Again, it is based on the family's needs and preferences. The PLANS Coordinators work with the families to utilize natural supports and existing resources whenever possible.
- This year the PLANS FS 360 Project collaborated with the Medicaid Infrastructure Grant to provide self-employment training to people with disabilities, family members, and service providers. Dave Hammis was the trainer and 25 people attended on the day hosted by PLANS FS 360.
- PLANS and Family Support staff and the Family Support Council and PLANS Workgroup met to discuss creating and changing policy to ensure a seamless person-directed service delivery system that offers choice and avoids building yet another service system "silo." In PLANS' first two years, services to adults were viewed as separate and distinct from Family Support for children. Through long range planning it became apparent that while this distinction had some administrative advantages it did not benefit people and their families. As recommended by the Administration on Developmental Disabilities, the seamless system will be called, "Family Support 360."
- 2. COUNCIL RESULTS FOR REPORTING YEAR IN FORMAL/INFORMAL COMMUNITY SUPPORTS (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

CS01	People receive formal/informal community supports through Council efforts: _ 13
CS02	Dollars leveraged for formal/informal community supports: \$59,100
CS03	Formal/informal community supports programs/policies created/improved: 2
CS04	People facilitated formal/informal community supports: 2
CS05	People trained in formal/informal community supports: 583
CS06	People active in systems advocacy about formal/informal community supports:
	6
<u>B</u>	reakout number by category:
1)	Self -advocates:
2)	Family members: 6
3)	Others:
CS07	People trained in systems advocacy about formal/informal community supports:
<u>B</u>	reakout number by category:
	1) Self-advocates:
	2) Family members:
	3) Others
CS08	Buildings/public accommodations became accessible:

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN FORMAL/INFORMAL COMMUNITY SUPPORTS.

Council activities in the area of Community Supports focused on training and development of materials and resources for people with developmental disabilities and their families.

In-Service Training for ATC Staff continues to be a need across the state. Members of the Parallel Group disseminate and tally an annual needs assessment and determine the topics and speakers for the training opportunities provided through the grant. This years topics were "Functional Approach to Assessment and Treatment of Problem Behaviors", "Social Capital: Building Natural Community Supports", "Dealing with Difficult Behaviors", and "Developing Positive Sexuality and Dealing with Inappropriate Sexual Behavior". Over 100 people attended each of the training sessions.

College of Direct Support (CDS) – The 2800 individuals being supported by the State's developmental disabilities network are all being impacted by an improvement in the quality of supports provided (i.e. as staff are better training, the quality of supports are improved). This improvement is occurring through the training of 2,624 staff / consumers / family members on the *College of Direct Support* on-line program. Another measurement of the attainment of quality supports is the fact that all 19 community agencies participating in *The College of Direct Support* have achieved accreditation by The Council on Quality & Leadership (CQL).

The DD Network and a committee of interested volunteers have worked on the revision of South Dakota's Criminal Justice/Human Services Handbook for the past several years. The Handbook is currently waiting to be printed and then disseminated broadly throughout both systems.

Community Inclusion and community supports are emphasized throughout many of the Council's projects. The Self-Directed Career Enhancement Project has been assisting three young adults with developmental disabilities to participate in a weekly toastmasters group. Toastmasters gives the participants the opportunity to build research skills, the confidence to speak to a group and get caring feedback from the other group members. It also provides the opportunity to meet and socialize with individuals that do not have disabilities. This provides a safe environment to develop appropriate social skills and meet new people.

Partners in Policymaking graduates have reported going out into communities and talking about disabilities and promoting People First Language. They are educating the public that disabilities are natural and nothing to be afraid of or hidden away.

CROSS CUTTING (CC): The following represent those Council activities that impact all Areas of Emphasis

1. PROJECTS, STRATEGIES AND/OR ACTIVITIE
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project/activity name: Providing Information & Resources to SD

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): <u>USD Center for Disabilities</u>
- (iii) Beginning date: 10/1/04 Ending date: 9/30/06
- (iv) Part B \$: 12,500 Other(s) \$ 4,200
- (v) Intermediaries/Collaborators☑ University Center(s)
- (vi) Primary Type of Activity.
 - Supporting & Educating Communities
- (vii) Briefly Describe the Project, Strategy, or Activity.

The "Providing Information and Resources to South Dakota" grant provides funding to the Center for Disabilities to develop, print and disseminate four handbooks: Autism Handbook, Developmental Disabilities Handbook, Fetal Alcohol Spectrum Disorders Handbook and a Resource Guide for People with Disabilities. It also provides funding to assist in the purchase of resources related to disabilities to be housed in the Wegner Health Science Information Center which provides availability for anyone within the South Dakota Library Network. The other aspect that is supported through this grant is the promotion of the Center's toll-free telephone number.

This grant focuses on the Center's commitment to providing current information and resources to individuals with developmental disabilities, their families, professionals, and students throughout the state of South Dakota.

COUNCIL RESULTS FOR REPORTING YEAR IN CROSS CUTTING.

- CC1. Public Policymakers educated by council about issues related to Council initiatives: 61
- CC2. Copies of products distributed to policymakers about issues related to Council Initiatives: 1040
- CC3. Members of the general public estimated to have been reached by Council public education, awareness and media initiatives: 18,524

NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN CROSS CUTTING.

The Council supports the dissemination of a variety of Handbooks through the Center for Disabilities' Public Information & Resources grant. These handbooks are requested from all areas of the state as well as various other states across the country. The Handbooks are also available for downloading on the Center's website which has international visitors on a monthly basis.

During the Partners in Policymaking session in January, the class met with South Dakota legislators and federal Congressional staffers. Partners provided mock testimony on current legislation, toured the Capitol, attended a session of the Senate

and met with the Governor. During the mock testimony, Lt. Governor Daugaard, 3 Representatives and 2 Senators attended. US Senator Tim Johnson was a guest speaker at graduation. The entire body of the South Dakota House of Representatives and Senate and constitutional offices receive information about Partners in Policymaking, as well as information about advocacy. There were 7 different articles about Partners in Policymaking sent to 148 newspapers in South Dakota, as well as 3 articles regarding Partners in the SD Report (the newsletter from South Dakota Advocacy Services). Articles about Partners were also published in newsletters of SD Parent Connection, SD Coalition of Citizen's with Disabilities and Northern Hills Training Center. Information is also available on the SD Advocacy Services website, which had over 10,000 hits this past year.

The SD Coalition of Citizens with Disabilities requests a number of the Disability Etiquette and People First Language brochures printed by the Council. During the past year, the brochures were disseminated to a variety of groups. Some of those groups were: Pierre Exchange Club, Annual Housing Conference, SD Products Show in Sioux Falls, SD County Auditors Training, Disability Awareness Day at Capitol, Centers for Independent Living training, Headstart Meeting, State Society for Human Resource Managers Annual Conference, Sioux Falls Transit for All Study Group, and more.

DD Awareness Month – During March 2006, Governor Rounds proclaimed March as Developmental Disabilities Awareness Month. The DD Network collaborated on public service announcements that were sent to all daily and weekly newspapers, radio stations and television stations in South Dakota and all State Legislators and US Congressional delegation. Posters and awareness information was sent to all community developmental disability service providers, Family Support 360 Programs, council members and Year 14 Partners in Policymaking trainees.

SECTION IV: CONSUMER SATISFACTION WITH COUNCIL SUPPORTED OR CONDUCTED ACTIVITIES

Consumer Satisfaction Narrative - Please provide any additional information to describe the consumer satisfaction rating results. (2,500 characters)

If you conducted an evaluation of the project's activities, please provide a summary of the satisfaction data.

Numb	per of	responses <u>667</u>	_				
Numb	oer of 	responses by category: 195 Individual with 74 Family member 4 Other	ı disability ers				
CON	SUME	R SATISFACTION					
1.	I (or	my family member) was YES140		th respec	_	is project act	tivity.
2.	I (or activ					a result of thi	s project
		YES130#	NO	3	#		
3.	•	my family member) can ect activity. YES133#		nings in m 1		nity as a resu	ılt of this
4.	6	satisfied with this project Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree	et activity444329803				
5.	My li 6 5 4 3 2	fe is better because of the Strongly Agree Agree Somewhat Agree Somewhat Disagree Disagree Strongly Disagree	nis project39130000	- - -			

The following two questions were optional if a project included rights and protection:

Because of this project activity, I (or my family member) know my rights.

____26___# NO __1___#

6.

7. I (or my family member) am more able to be safe and protect myself from harm as a result of this project activity. YES26# NO1#
NARRATIVE – Please provide any additional information to describe the consumer satisfaction results.
All of the evaluation information was provided from Council projects that conduct evaluations after the training or workshops are completed.
Some comments from the graduates of Partners in Policymaking include:
"We, as parents, must be diligent in keeping history from repeating itself. We must continue to push forward at every opportunity to remove many of the barriers that continue to prevent people with disabilities from having the same rights and opportunities as people without disabilities."
"I learned how special education teachers and regular education teachers need to work collaboratively in order to make inclusion work. Inclusion is not sticking a child with a disability in the regular classroom without supports and expecting him/her to learn exactly what the other children are learning."
"I learned that going to city council meetings, county and school board meetings can be a good place to get things done. I also got to meet our Mayor and see that he is not such a bad guy. He is a human just like the rest of us!"
"I learned that everybody, no matter what color, what the disabilities or what nationality they are, they deserve a chance to learn and to live a full, productive life."
"I knew I had abilities, Partners brought them out to the forefront."
"My experience with Partners is probably the best education I ever received and no one will be able to take that from me."
"The speakers really changed my life. They really made me think about my life in so many different ways."

"Partners offered me education, insight, friendship, and a network of people who are

"The Partner Program and the annual continuing education training is the best thing that

dedicated to helping any person with a developmental disability."

could of ever happened to me, my child, and my reservation."

SECTION V: COUNCIL PROGRESS IN ACHIEVING GOALS

Goal: EMPLOYMENT	
Goal Description: Individua employment options.	ls with developmental disabilities with have a variety of
Goal achievement:	Met Partially met X Not met
•	description of the extent to which the goal was achieved. If of factors that impeded the achievement.
•	ate to training for people with developmental disabilities, lers, and employers on topics related to employment.
competitive and supported e requested for the area of en entitled, "Self Directed Care people with developmental keeping of a competitive job	ued to focus on the ADA, universal enhancement, and employment. Training and information continues to be apployment. A new project the Council approved for FFY06, wer Enhancement Project", will provide a minimum of 10 disabilities the supports needed to self-direct the finding and of their choosing. This project had a slow start and antinuing into FFY07 and should still meet its goals.
Five-Year Plan, no projects employment is an area that	ought to pursue a project in self-employment during this were supported mostly due to issues of sustainability. Self-the Council will continue to monitor for future activities. The he Division of Rehabilitation Services when looking at the ects.
sheltered, supported and co are making a difference acr	view the number of people with developmental disabilities in empetitive employment to determine whether our strategies oss the system. For example, the number of individuals with articipating in supported employment has increased from
Goal: EDUCATION	
Goal Description: Individua goals.	ls with developmental disabilities will meet their educational
Goal achievement:	Met Partially met X Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to training for education personnel, resources for parents/guardians and collaborating with other entities to monitor the status of transition services and assist people who are transitioning.

Over the years, the Council has supported training for over 1000 people (many who are education personnel) and provided more than 1000 FILE (Folders of Life Experiences) and other information to parents and guardians. As the PLANS project moves forward, the Council hopes to work more closely with other agencies and organizations on the issues related to transition. The Family Support Council has been looking at the issue of Transition from school to post-secondary education or community services and the DD Council is planning to collaborate with them in the future.

The Council feels that projects such as the Youth Leadership Forum and Partners in Policymaking (although not considered in this area of emphasis) have an impact on local education agencies as both the students and their families become more knowledgeable about the transition process and become better at person-centered planning. Participants in the Youth Leadership Forum (YLF) continue to gain notice among teachers and community members as they gain self-confidence and self-determination skills. Teachers and community members are attributing those skills to YLF and its activities.

Goal: HOUSING

Goal Description: Individuals with developmental disabilities are provided opportunities and choice for inclusive community living.

Goal achievement: Met

Partially met X

Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to the development and dissemination of information and the promotion of home ownership and other community living options. In the mid-1990's the Council had a project that developed a handbook on Consumer Ownership. After collaborating with SD Advocacy Services on a training event in 2004, and the development of a Housing Workgroup, the Council decided to place on hold the updating of the existing manual. Instead, the Council worked with the Housing Workgroup to share success stories of home ownership via newsletters and websites. During the past year, it was decided that an updated Manual would be helpful. A subcommittee of the Workgroup has developed a Guide that should be completed in early 2007. The Workgroup sub-committee has plans for dissemination and additional

training/information sharing with people with developmental disabilities and their families and community based providers.

Goal: HEALTH

Goal Description: Individuals will have a range of needed health care services, with a focus on dental and medical services, preventative health care, traumatic brain injury and fetal alcohol syndrome.

Goal achievement: Met

Partially met X

Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to outreach to medical professions, training in health care topics and public awareness activities. Council activities have included cross training for staff working with people with co-occurring disabilities (developmental disabilities and mental illness) to improve the services provided; and training for direct support staff and caregivers on a number of health related topics.

In the past, the Council has funded training for direct support workers specifically in the area of working with people with a traumatic brain injury (TBI). During FFY05, two community based developmental disabilities service providers have been working to develop programming and supports for people with traumatic brain injury. During FFY06, one program opened its doors.

During FFY04 the Council funded a Fetal Alcohol Spectrum Disorder (FASD) project thru the Center for Disabilities. This project gathered data on those people supported through the Intervention Model piloted through the Four-State FAS Consortium. The Center for Disabilities and the State of South Dakota have utilized data from this project to procure additional funding to study FASD in the Juvenile Justice System and to create a statewide Consortium for FASD Prevention with the goal of developing a comprehensive system of case management services in the state. The Council Director is a member of the Prevention Consortium and has attended meetings of the Juvenile Justice Workgroup. Both of these FASD grants received continuation funding. Work is continuing through both of these projects.

Goal: CHILDCARE

Goal Description: Children and families benefit from a range of inclusive, flexible

childcare options.

Goal achievement: Met

Partially met	X
Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to training for childcare providers, providing resources and information for childcare providers, creating options for childcare for children with special needs, and staying up-to-date on activities and needs in this area.

The Council supported Child Care Plus training as a way to provide a train-the-trainer model that can be used to assist new childcare providers in caring for children with disabilities. In collaboration with the Office of Childcare Services, the Incentive Project was developed although it did not increase the number of providers caring for children with disabilities, it did bring a better awareness of the current number of providers that provide such care.

During FFY04, the Office of Child Care Services began a pilot program to assist families whose children 1) have higher medical needs and are eligible for home health, but do not need home health for a full day, and 2) are not eligible for home health, but have special advanced child care needs. Reimbursement of qualified providers can reach \$12.85/hour for the care of an eligible child. Home Health, Birth to 3 and Family Support Programs are serving as referral sources for the pilot. There is funding for up to 17 children on this program. This program continues with the maximum number of participants.

During the 2004 Legislative Session, an Early Learning and Childcare Task Force was established to make recommendations to the 2005 Legislature. This Task Force met twice during FFY04 and covered the topics of universal pre-school and infant brain development. The Task Force met twice in FFY05 and covered the topics of child care services in SD, Child Care Workforce Study, quality rating systems, an economic impact study and the SD Coalition for Children's study, "Untapped Potential: Early learning Investments in SD". The SD Alliance for Children (of which the Council is a resource member) was very involved in these discussions. As stated in the Child Care Section, the Task Force included a recommendation related to Child Care for Special Needs Children.

In addition to the Task Force meetings, the Council's Director participated in a meeting of family members and agencies interested in the issues of Child Care and Respite Care in the Sioux Falls area during FFY05. This grassroots group is planning to continue to meet and develop priorities for what is needed in this area.

The Council continues to be involved with the SD Alliance for Children and follows efforts in the childcare area.

Goal	-	RF	CR	FΔ	TI	O	N
GUAI	ı .	Γ	\mathbf{c}	CH		v	w

Goal Description: People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.

Goal achievement: Met

Partially met X

Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

Council objectives in this area related to increasing community recreation opportunities, and building community capacity for inclusive recreation. The Council has completed a project with the Jaycee Camp for the Exceptional to become more inclusive and provide opportunities for the children and adults with disabilities who attend regularly to also interact with others who do not have a diagnosed disability. This interaction will hopefully open doors for future activities.

Other activities conducted by the Council have opened doors for people with developmental disabilities in the area of leisure and recreation choices in the Sioux Falls area. The Friends program and the PATHWAYS (family/advocate support group) have both worked to pursue lifelong learning opportunities for young adults with developmental disabilities. The Rapid City Club for Boys was successful in providing mentoring for boys with developmental disabilities who were then able to participate in the recreation and leisure activities provided by this organization. This project presented at a conference for recreation providers and out-of-school time programs.

Goal: TRANSPORTATION

Goal Description: People have transportation services for work, school, medical and personal needs.

Goal achievement: Met

Partially met
Not met X

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

Council objectives in this area relate to maintaining an awareness of the status of Public Transportation in the state and the needs of people with disabilities.

During FFY05, the Council received an update on the United We Ride conference and state planning activities begun at that conference. The Council continues to maintain contact with the Dept of Transportation and others involved in this project.

Because of the very rural nature of our state, this goal will be very difficult to meet. The Council collaborated in a Project of National Significance that North Dakota received and hope to continue similar activities to encourage a broader vision within communities when considering transportation needs. Council activities continue to inform and encourage self-advocates and family members to impact the transportation services that are available across the state, particularly through the Partners in Policymaking program.

Goal: QUALITY ASSURANCE

Goal Description: People have the information, skills, opportunities and supports to live free of abuse, neglect, financial and sexual exploitation and violations of their human rights.

Goal achievement: Met
Partially met X

Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives in the area of Quality Assurance include leadership development, self-advocacy organization, assistance for people with disabilities and their family members to attend conferences and workshops, the use of technology in community based providers, and providing information and training on systems advocacy related to issues of quality assurance.

The Council has supported leadership development thru Partners in Policymaking, the Youth Leadership Forum, and the Alliance for Full Participation Summit. The use of technology project was completed and agencies continue to look at how technology can be used by staff. Requests for assistance to attend workshops and conferences continues to increase as more people become aware of the funding availability and as people realize the importance of continuing to increase their knowledge regarding the disability and supports available. The Council provides this assistance in the belief that educated and knowledgeable people have a greater impact on the quality of services and supports provided to people with developmental disabilities.

The self-advocacy project, The Empowerment Network, was not continued after two years of funding because the Council did not feel that sufficient progress was being made in the area of leadership skills and self-determination. Since then, the Council issued 2 Requests for Funding that received several applications. Although none were funded in FFY05, 4 projects received funding during FFY06. These included Planning for Your Life, Mobilizing for Self-Advocacy in SD, Building Leadership One Step at a Time and 2006 Regional Educational Workshop. These projects all focus on people with developmental disabilities taking the lead role in teaching other individuals about

speaking up and realizing your own dreams. The Council is looking forward to these project activities and hopes to have greater involvement with a more self-sustaining statewide organization.

Goal: FORMAL & INFORMAL COMMUNITY SUPPORTS

Goal Description: Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

Goal achievement: Met
Partially met X
Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives included inclusive worship, training, expansion of family support services, building capacity for unserved and underserved populations, criminal justice issues and direct service staff recruitment and retention.

The Council's funding continues to make training available to direct support staff and others. Family Support programs (initially funded through the Council and now funded by state government and Medicaid waivers) have proven to be effective and efficient. The Council is involved in the PLANS Workgroup that is providing direction to the development of future services that are individualized and person-centered.

The Council is supporting a three-year systems change project that is a collaborative effort of the SD Association of Community Based Services and the Division of Developmental Disabilities. Activities include a pilot for Independent Service Coordination, individualized technical assistance to community providers thru the Good to Great process, and development and implementation of a Fiscal Intermediary Service. Each of these activities furthers the choice and control of people with developmental disabilities in their involvement with the service system. These activities will create more person-centered thinking throughout the community based service system.

Recruitment and Retention of Direct Support Staff has been approached thru the support of the College of Direct Support (CDS). Preliminary information suggests that since the implementation of the CDS the turnover rate for staff at community based agencies has dropped from an average of 41% in 2004 to 34% in 2005. The other indicator that is being tracked is that of overtime hours and costs. These have both increased during the same time period. Initial thinking tells us that although staff are being retained longer, vacant positions are also remaining open longer causing the increase in overtime. The Media Kit that was developed is currently being evaluated for its impact on recruitment.

Goal: CROSS-CUTTING

Goal Description: Inclusion of individuals with developmental disabilities will be the focus of public relations materials produced and disseminated across South Dakota.

Goal achievement: Met

Partially met X

Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

Council objectives in this area include providing information and resources, education of legislators and public policymakers, and completion of needs assessments and surveys.

The Council continues to provide copies of a Disability Etiquette brochure and People First Language brochure to many people and agencies. In collaboration with South Dakota's Developmental Disabilities Network, the Council has had a presence at more events and activities across the state such as the Festival of Cultures and Listening Sessions on the reservations. Together, the DD Network continues to support Developmental Disabilities Awareness Month activities and the updating and dissemination of several Handbooks, including the Resource Guide for People with Disabilities. All materials that are developed and disseminated focus on the inclusion of people with developmental disabilities in all aspects of our communities.

The Council continues to support the National Core Indicators Project with surveys being conducted in 2005; as well as the Survey of South Dakotans with Disabilities that was completed in 2004.

In September 2005, the Council supported 55+ people to attend the Alliance for Full Participation Summit in Washington, DC (a total of 73 South Dakotans attended the Summit). Immediately following the Town Hall meeting, 20 or so participants from SD met to share their thoughts and ideas. The main topics discussed were 1) employment; 2) self-advocacy, 3) future leaders, 4) attitudes and public opinion (including the language and terminology that we use); and 5) the need for a Follow-Up Meeting in South Dakota.

The Council supported Regional Meetings on Developmental Disabilities Services, held in April 2006 in 4 locations across the state as the Follow-Up to the Summit. 66 people attended the sessions. Participants heard an overview of activities that happened before the Summit and the priorities set by the South Dakota State Team.

Participants at the Regional Meetings held in April were then asked to vote (via old-fashioned hand-raising) on the same questions asked at the Town Hall Meeting. Many times, the participants felt that the questions were worded negatively or did not really offer the answer they would have liked. Voting was optional and for some questions, people voted for more than one choice. After voting, the group was able to see the

results from the Summit Town Hall Meeting. The Regional Meeting Town Hall Questions results were as follows:

1. Do you believe that with the right supports, all people with developmental disabilities can live in the community?

Yes - 65 and No - 2

2. Do you believe all people want to direct their own supports? Yes – 22, No – 13, and Maybe over time – not now - 28

3. Do you believe sheltered workshops must be closed and other alternatives in the community found?

Yes - 13 and Not yet - 51

4. Does having a label help or hurt people with developmental disabilities?

Helps, because labels drive funding – 1

Hurts, because of the stigma - 49

5. In my personal experience, in regards to people with developmental disabilities,

South Dakota communities are:

Mostly accepting and supportive – 25

Mostly neutral - 6

Mostly hostile and resistant - 0

Well meaning, but generally clueless - 30

6. Are concerns about personal safety a roadblock to achieving community inclusion? Yes – 40, No - 18

7. In your experience, what is the number one issue in the lives of people with developmental disabilities?

Personal freedom – 3; Healthcare – 1; Schools – 1; Jobs – 20; Dignity and respect – 12; and Lack of Opportunity - 24

8. The most important role of community provider organizations is to:

Keep people safe – 7

Providing training and support to people with disabilities – 3

Provide individualized supports based on a person's plan – 39

Connect people within their communities - 11

9. People can't find jobs because:

Poor schooling, training and preparation – 3

No transition planning – 4

No support and encouragement from family and support staff – 2

Lack of skill of their direct support worker - 0

Attitudes of employers - 37

In Aberdeen a suggestion was to add "Lack of options and opportunities" – with unanimous agreement.

10. Most people disagree with their family members sometimes. When people with developmental disabilities disagree with their family members it is most often because of:

Personal relationships – 0; Money – 4; Safety and risk taking – 14; living situations –

- 2; the right to make decisions 34
 - In Aberdeen a suggestion was to add "All of the above" with unanimous agreement.
- 11. All people with developmental disabilities CAN work. Agree 45; Disagree 14
- 12. What is the best way to support the self-advocacy movement?

 Increase funding 1; provide more training 11; listen to what self-advocates are saying 44; Other 3

Other: provide more opportunities for self-advocates to participate; giving the person the ability to make decisions; getting more information on self-advocacy to everyone.

- 13. Do you feel that your voice is heard in the policymaking process? Yes 22; No 23
- 14. We can promote full community participation by:

Changing laws and regulations - 1

Increasing funding for community services and supports – 1

Changing attitudes and public opinion - 24

Providing support and training for self-advocates – 19

Increasing access to housing, jobs, transportation, recreation, etc. – 18

Giving people control over money for services and supports - 15

Following the questions and discussion of the Town Hall Meeting, participants were asked to provide information related to four "Valued Customers" of the DD Council and Division of Developmental Disabilities – 1) people with developmental disabilities; 2) families of people with developmental disabilities; 3) providers; and 4) the public. A summary of the combined results follow:

Priorities for People with Developmental Disabilities

- 1. jobs/employment giving people a chance to really do a job with supports;
- 2. **community inclusion**; the opportunity to explore, have new adventures; making buildings more accessible; new houses; accessibility; voting;
- support people in their home communities so people stay connected to their families
- 4. **self-directed services**; continue to support choice and control; individualized approach; value freedoms, independence
- 5. **a place at the table**; continue to listen to what people want; open, active planning process; state support to gather a broader base of input from communities all over SD; talk more directly with self advocates then do something with the information; listening to people; getting feedback; communication information

- continuous education; opportunities to go to college; take advantage of College of Direct Support classes; more post-secondary training options; expand Partners:
- 7. **self-advocate training**; people first training; self-esteem development; newsletters written by self-advocates; educating people with disabilities about disabilities autism, dual diagnosis; getting goals; getting married and keeping social security; establishing trust fund accounts; retirement funds
- 8. dignity of risk; respect; choice; give individuals time to think
- 9. transportation
- 10. provide health and safety
- 11. **staff retention**; getting good staff support support in practicing religion and native culture; support for people having a hard time; concern about inappropriate use of computers
- 12. support special Olympics
- 13. address waiting lists
- 14. challenge and inspire

Families:

- 1. continue/expand the **family support program** (meeting the unique needs of families); keep supporting parents; keep families together
- 2. **a place at the table**; communication; information; more public forums, more listening sessions, more opportunities to participate in state workgroups;
- 3. additional supports respite care; opportunity; choice
- 4. **continuous education**; teach families to be advocates; expand Partners;
- 5. keeper of basic assurances
- 6. challenge and inspire
- 7. stipends; **training opportunities** at free or reduced cost; Council keep on funding family trainings
- 8. staff retention
- 9. communication from providers
- 10. **Clearinghouse** for information on benefits; families are not getting information about what's available

Providers:

- 1. have a place at the table in virtually all aspects; communication; being entrusted with sharing the vision
- continuous education; a reason to do the job better pay; keep College of Direct Support going
- advocacy for adequate resources; increased or at least stable funding;
- 4. **keeper of basic assurances**; decrease paperwork; in trying to help, state ends up generating more paperwork for provider staff
- 5. **challenge and inspire**; latitude and support to test new programs
- 6. **staff retention**; help by increasing funding; valuing the work of direct support professionals; case managers have become clerical/administrative staff they burn out fast.
- 7. transportation

- 8. continually better the provider system to **ensure that people are being heard in their lives**; passion for the families they are advocating for; cultural empathy for families they support; engage families/self-advocates/providers in selling the new system to the State of South Dakota
- 9. **Additional supports** DD/MH/Corrections/Juvenile Justice; support to get real jobs for people served

Public:

- continuous education; communication; downside of HIPAA has been a limit on communication; provide education and information to the executive branch; educate employers
- 2. **public awareness activities**; public awareness; visibility; respect and dignity on public transportation
- 3. keeper of basic assurances
- 4. challenge and inspire; get the public more involved
- 5. **staff retention**; market careers in DD to grade school and middle school kids not just high school career fairs
- 6. **be "spokes-division"** for selling the state into evolving into a quality system getting backing of legislature and executive branch; engage with exec branch and ultimately congressional delegation re budget and programmatic issues;
- 7. lift wealth restrictions; cost of living increase; **SSI and SSDI** are set up to not help people get better; Medicare Part D

SECTION VI: REPORTING YEAR EXPENDITURES

A. Types of Recipient

RECIPIENT	Part B \$	Match \$	TOTAL \$
1. DD Council	\$ 44,575	\$ 14,504	59,079
2. Designated State Agency	\$ 0	\$ 0	\$ 0
3. Other(s) State Agency	\$ 24,998	\$ 109	\$ 25,107
4. P&A System	\$ 98,574	\$ 41,169	\$ 139,743
5. University Center(s)	\$ 12,657	\$ 2,717	\$ 15,374
6. Non-Profit Organizations	\$ 173,920	\$ 146,453	\$ 320,373
7. Other	\$ 110,316	\$ 54,777	\$ 165,093
8. TOTAL	\$ 465,041	\$ 259,729	\$ 724,770

B. Cost Categories – Areas of Emphasis, General & DSA Functions

CATEGORY	Part B \$	Other(s) \$	TOTAL \$
1. Employment	\$ 6,937	\$ 15,557	\$ 22,494
2. Education & Early Intervention	\$ 886	\$ 17	\$ 913
3. Housing	\$ 0	\$ 0	\$ 0
4. Health	\$ 13,324	\$ 1,920	\$ 15,244
5. Child Care	\$ 0	\$ 0	\$ 0
6. Recreation	\$ 34,325	\$ 42,045	\$ 76,370
7. Transportation	\$ 0	\$ 0	\$ 0
8. Quality Assurance	\$ 246,278	\$ 121,617	\$ 367,895
9. Formal/Informal Community Support	\$ 138,311	\$ 67,998	\$ 206,309
10. General management (Personnel,	\$ 24,980	\$ 10,564	\$ 35,544
Budget/Finance/Reporting)			
11. Functions of the DSA	\$ 0	\$ 0	\$ 0
12.TOTAL	\$ 465,041	\$ 259,729	\$ 724,770

SECTION VII: DISSEMINATION OF ANNUAL REPORT

- 1. Full copies of the annual report are shared with the Governor's Office, Secretary of the Department of Human Services, Council members, State Library, Congressional Offices and appropriate individuals, agencies and organizations in South Dakota.
- Highlights of the report and/or information on how to secure a complete copy of the report is featured in newsletters from such agencies/organizations as the USD Center for Disabilities, SD Advocacy Services, SD Parent Connection and the SD Coalition of Citizens with Disabilities.
- 3. The Council maintains a mailing list of over 400 individuals and agencies that have expressed an interest in receiving periodic updates on the Council and its activities. Information on the Annual Report is included in the email or hard copy notices that are sent to this group.
- 4. A summary is placed on the Council's web page with information on how to secure a complete copy of the report.
- 5. Copies of the report are made available in alternate formats upon request.

SECTION VIII: DEVELOPMENTAL DISABILITIES NETWORK COLLABORATION A. Provide information related to only those issues/barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and University Center(s) (the DD network) have jointly identified as critical State issues/barriers.

Using short titles, list 5-10 areas that the DDC, P&A, and University Center(s) have identified as critical State issues/barriers.

- (1) Training in Rights, Self-Advocacy & Self-Determination
- (2) Housing Issues
- (3) Family Support Issues
- (4) American Indian/Tribal Issues
- (5) Criminal Justice

B. Provide the following information for at least one of the issues/barriers selected for DD Network collaboration.

- 1. Issue/Barrier #1
- 2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

People with developmental disabilities and their families face complex issues on a daily basis and often do not have the knowledge or experience to deal effectively with those issues. The expected outcome is an increase in the number of people with disabilities and their families that are more knowledgeable about their own needs and issues and are able to work towards systems change at the local, state and national levels.

- 3. Reference applicable Life Area(s): Quality Assurance and Formal and Informal Community Supports
- 4. Describe the Council's specific roles and responsibilities in this collaborative effort and technical assistance expertise your Council can provide to other States:

The Council supports Partners in Policymaking, Youth Leadership Forum, Caregiver's Conference, Native American Disability Summit and Dare to Dream Biennial Conference. The Council provides travel assistance to people with developmental disabilities and their families who want to attend other training opportunities both in SD and out of state. Council staff and members serve on planning committees for many of the activities. This helps to assure that people with disabilities and their families have access to training opportunities that are affordable and address a variety of important topics.

5. Briefly identify problems encountered as a result of this Collaboration, and technical assistance, if any, desired.

There have been no problems with the collaborative efforts of the DD Network in these activities.

6. Describe any unexpected benefits of this collaborative effort.

The Council receives more requests each year for assistance to attend workshops. People with disabilities and family members have stated how much they appreciate this assistance and how they feel that when they don't have to worry about being able to fit these costs into their budgets, they are able to get more from the workshops and training sessions.

There has been a renewed interest in Council membership as a result of these efforts. For example, when the Council is looking for applicants for positions on the Council whose terms are expiring, we receive many qualified applicants from which to choose.

When the DD Network partners or other state agencies look for people with developmental disabilities and/or parents and guardians to participate on their advisory councils or committees, past participants in Council activities have been very willing to step up to the plate and contribute in meaningful ways to participate in systems change activities taking place in SD.

The DD Network boards/councils have decided to meet in June 2007 as a group to share information on the goals and activities of all three organizations and to collectively establish goals for continued collaboration.